

7 days - \$33
Tran Code: 1353

**DIRECT SELLER APPLICATION
CITY OF EAU CLAIRE
203 S. FARWELL STREET
EAU CLAIRE, WI 54701**

Fax: (715)839-3878
Phone: (715)839-4923

Date of Sale _____ Location of Sale _____

Drivers License No. _____ State _____ Social Sec # _____

Please Print

| | | | |
|------------|-------|-----------|---------------|
| _____ | _____ | _____ | _____ |
| First Name | MI | Last Name | Date of Birth |

| | | | |
|-------------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| Home Street | City | State | Zip |

| | | | |
|-----------------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| Local Residence | Street | City | Phone |

| | | | | |
|-------|--------|--------|-----------|------------|
| _____ | _____ | _____ | _____ | _____ |
| Age | Weight | Height | Eye Color | Hair Color |

Name of Company _____ Phone # _____

Address _____ How long has company been in business? _____

A brief description of goods and/or services offered: _____

Proposed method of delivery of goods _____

Make, model and license number of any vehicle(s) to be used in your business:

| | | | |
|-------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| Make | Model | Year | Lic. No. |

Name, location and date of last three cities where you conducted business.

1. _____
2. _____
3. _____

Location where you can be contacted for at least seven days after leaving the city? _____

Have you been convicted of any crime or ordinance violation related to transient merchant business within the last five years: Yes ___ No ___ If yes, nature of offense _____

Place of conviction _____ Date of Conviction _____

I, appoint the City Clerk or his/her agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities, in the event I cannot, after reasonable effort, be served personally. Also, I hereby certify that the answers on this application form are true and correct to the best of my knowledge.

Signature of Applicant _____ Date ____/____/____

FOR OFFICE USE ONLY

Lic. No.

Police_____ **Consumers Protection**_____ **I.D.** _____

Comments: _____
